CEEC	File with: Seattle City Clerk PO BOX 94728	SEEC
SEEC SEATTLE ETHICS & ELECTIONS COMMISSION	Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248	F -'
The F-1A form is des	Polly.Grow@seattle.gov igned to simplify reporting for person	s who have
,	or changes to an F-1 report previously	
	n must be filed at least every four y nore than three consecutive reports.	rears; an F-
Deadlines: Incumbe	ent elected and appointed officials t	oy April 15.
Candida	tes and others within two weeks of	becoming
	ate or being newly appointed to a po- eans: (a) a spouse or domestic partne	
artner, sibling, uncle, a	unt, cousin, niece or nephew, if that	
deral income tax retur		
ast Name	Z First MARIA	
JUNGAUE		
Nailing Address (Use P	O Box or Work Address*)	
Mailing Address (Use P	O Box or Work Address*) H AVENUS FLOO	2
lailing Address (Use P	O Box or Work Address*)	22
ailing Address (Use P	O Box or Work Address*) H AVENUE FLOO	22
lailing Address (Use P	O Box or Work Address*)	<u>2</u>
Mailing Address (Use P	O Box or Work Address*) H AVENUE FLOO County NG	<u> 2</u>
Address (Use P	O Box or Work Address*) H AVENUE FLOO County N G ly one box.)	2
Address (Use P	O Box or Work Address*) H AVENUE FLOO County NG	NE 2
Address (Use P	O Box or Work Address*) County Y one box.) Dinted official filing annual report	NE 2
Address (Use P	O Box or Work Address*) H AVENUE FLOO County N G ly one box.)	NE 2
Address (Use P	O Box or Work Address*) County Y one box.) Dinted official filing annual report	NE 2
City SEATTL Filing Status (Check on An elected or apportant as an Candidate running	O Box or Work Address*) County Young box.) Sointed official filing annual report elected official. Term expired: in an election: month	NE 2
Address (Use P	O Box or Work Address*) County Young box.) Sointed official filing annual report elected official. Term expired: in an election: month o an elective office	
Address (Use Power Formal Status (Check on An elected or apportant as an Candidate running Newly appointed to	O Box or Work Address*) County Young box.) Sointed official filing annual report elected official. Term expired: in an election: month	
Additing Address (Use Power Formal Formal Report as an Demonstrated Bright Power Formal Report and Power Formal Report Formal Repo	O Box or Work Address*) County Young box.) Sointed official filing annual report elected official. Term expired: in an election: month o an elective office	," whicheve plete F-1 re
Address (Use P	County Vision on box.) Dinted official filing annual report elected official. Term expired: In an election: month Do an elective office age Report" or "Minor Change Report PORT. I have reviewed my last com	," whicheve plete F-1 re ports is acci
ity SEATTL ity Se	County Yone box.) Dinted official filing annual report elected official. Term expired: in an election: month o an elective office age Report" or "Minor Change Report PORT. I have reviewed my last come information disclosed on those reports S REPORT. I have reviewed my last	," whichever plete F-1 re ports is accust t complete describe ch

SEEC FORM	SEEC			
F-1A	DOLLAR CODE		AMOU	NT
(3/16)	(1)	\$0		\$999
()	(2)	\$1,000		\$4,999
o have no	(3)	\$5,000	**	\$9,999
d.	(4)	\$10,000		\$24,999
s; an F-1A form	(5)	\$25,000		\$99,999
, an r- in ionii	(6)	\$100,000		\$199,999
. 4 . 6	(7)	\$200,000	,	\$999,999
oril 15.	(8)	\$1,000,00	0 :	\$4,999,999

PERSONAL FINANCIAL AFFAIRS STATEMENT

SIAILMLINI				
M A R K	OFFICE USE			
	M A R	M OFFICE USE A R		

Deadlines	s: Incumbent elected and appointed officials – by A Candidates and others – within two weeks of bed a candidate or being newly appointed to a position	oming	(8) \$1,000,000 \$4,999,999 (9) \$5,000,000 or more			
"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080.						
Last Name GONZALEZ Mailing Address (Use PO Box or Work Address*) FLOOR Z Middle Initial FLOOR Z			reportable information to disc other dependents living in you them. Do identify your spous	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse.		
City	County	Zip + 4		. WILLIAMS		
City S E	TTLE KING	<u>29</u> 810	(Spouse)			
	(Check only one box.)		Office Held or Sought	Office Held or Sought		
An elec	ted or appointed official filing annual report			Office title: COUNCLINEMBER		
☐ Final re	eport as an elected official. Term expired:		Position number:	Position number:		
☐ Candida	ate running in an election: month	year	Term begins:	3 ends: 12/31/21		
	appointed to an elective office	sish over reflecte vevr	ituation. Cumply all the requested infers	mation		
_	er "No Change Report" or "Minor Change Report," wh					
□ NO CH	IANGE REPORT. I have reviewed my last complete The information disclosed on those reports	e F-1 report dated is accurate for the cur	and F-1A reports (if any) date rent reporting period.	ed (1) and (2)		
MINOF	R CHANGES REPORT. I have reviewed my last con	mplete F-1 report dated	The changes listed bel	ow have occurred during the		
reportir	ng period. Specify F-1 Form Item numbers and desc	cribe changes. Provide	all information required on F-1 report.	He WA \$8186.		
D(R).	Verity Credit Union, 4 Asset value (2); Income	Amount (2)	R		
				S 5 9		
	if continued on attached sheet	1 M C . 200		7 2 7		
Estimated	Net Worth \$_	285,000		- ω - Ι		
FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, or an immediate family member, or a combination thereof: 1) Food and beverages costing over \$50 per occasion.						
Date Received	Donor's Name, City and State		Brief Description	Actual Dollar Value Amount (Use Code)		
	-1/-			\$ ()		
NA	NA	NA		6 ()		
	Check here ☐ if continued on attached sheet			Ψ		
ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.		Contact Telephone: (206) 688	4-8802 *			
			ail: LORENA. GONZALEZ@ Seattle - 90 Work)*			
		Email:	(Home) Optional			
CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.						
Date	Signature	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				